Please indicate <b>desired</b>
committal service date &
<mark>start time @ cemetery</mark>

Date: Time Here

/	/
:	AM/PM

**Desired service start time is subject to availability**. If the time slot requested has been filled or if eligibility is not established in time for the service, the service will need to be rescheduled. Please call (606) 929-5354 to confirm your schedule.

			KANS CEM e <i>completed</i> by							
(Please Print—This form is to be <b>completed</b> by the Funeral Director. A signature from the Next of Kin is <u>not</u> required.)  Please fax the following to <b>(606) 929-5347:</b> This completed application  Proof of Eligibility (DD Form 214), unless pre-approved										
DECEDENT INFORMATION *PLEASE FILL IN ALL BOXES										
1. Decedent'	s Last Name:	First:	Middle:		2. 🗖 Male	3. <b>□</b> V	3. ☐ Veteran 4		4. Marital status (circle one):	
				☐ Female ☐ Depender			endent	ent Single/ Mar/ Div/ Sep/ Wid		
5. Race (For	statistical info	ormation or	nly):	6. S	ocial Securit	y #:	7. Date	of birth	: 8. Date of deat	
☐ African-Ar	nerican 🖵 Ca	ucasian 🖵 I	Hispanic 🖵 Othe	er	/				/ /	
9. City:			10. Cou	unty: 11. State:				12. ZIP Code:		
13. Interment Type (choose one): *Funeral homes are responsible for lowering their own vaults/liners										
☐ Cremated - Columbarium Wall ☐ Cremated - In-Ground ☐ Casketed - KVCNE Provided Grave Liner										
☐ Casketed - Funeral Director Provided Vault/Liner * ☐ Cremated - Scattering Garden ☐ None, Memorial Marker Only										
14. Is the vault or grave liner to be <u>oversized</u> ?										
16. Decedent's faith:  17. Funeral Director has arranged for brief eulogy/words of remembrance to be provided by:  ☐ Minister ☐ Chaplain ☐ Family Friend ☐ KVCNE Staff ☐ Family requests none										
18. Other spea	akers OR songs	s to be playe	d:	19. If o	casketed, pa	ıllbearers v	vill be pro	ovided by	<i>י</i> :	
Describe:				☐ Fam	nily/friends	☐ Honor	Guard M	lembers	☐ None availabl	
		FUNER	AL HOME INF	ORMAT	TION * PLE	4SE FILL IN	ALL BOXE	S		
20. Funeral I	Home Name:			21. Poin	t of Contact	:	22. Emai	l Address	3:	
23. Mailing address:					24. City:			25. County:		
26. State:	5. State: 27. Zip Code: 28. Phone:		28. Phone:		29. Cellular Phone:			30. Fax:		
		NEXT (	F KIN INFO	RMATIC	ON * PLEA	SE FILL IN	ALL BOXE.	5		
31. NOK Last Name: First:			First:		Middle:				32. Date of Birth:	
33. Phone:		34. Social	Security #:	35. Stree	et address:					
				36. Ema	ail:					
37. City:			38. County:		39.	39. State:		40. Zip Code:		
41. Relationship to Decedent: Spouse Parent Sibling Child Other Relative Other										
42. <b>IF DECEDENT IS A VETERAN:</b> If there is a spouse, is he/she also a veteran? Yes No <i>If so, include their DD214.</i> If spouse is not a veteran, will spouse be buried or in niche with decedent? YES NO										
HONORS INFORMATION (VETERANS ONLY)										
43. Funeral Director has arranged for flag to be presented by: □Army □Navy □Air Force □ Marine Corps □Coast Guard □ National Guard □AML PostVFW Post □KVCNE Director □Family requests none										
	Director has a h of Service _	rranged for	firing detail to	be provi		ML Post _ requests				

You can request Patriot Guard Riders for family KY- http://pgrofky.com/contact-ky-pgr/ or OH-http://ohiopgr.com/Honormissionrequest.html

- If decedent is <u>not</u> the veteran, a **\$500.00** fee must be assessed. HAS PATRIOT GUARD BEEN CONTACTED: Y The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.
- Please insure that only six (6) floral arrangements are delivered to the cemetery for the committal service.
- A Provisional Report of Death/Burial Permit/Transit Permit must accompany all casketed remains.

5/2/13